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F&B FILE: 330592 REC: 0497

TO: USPTO—CENTRAL FAX

FAX NO. 571-273-8300

MESSAGE

ATTACHED FOR APPLICATION No. 09/313,278; FILED 8/18/1999; INV. Goldenberg;
are:

1. Transmittal (one sheet);
2. Revocation and POA (one sheet);

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PAGE 1/3 * RCVD AT 5/10/2006 5:09:38 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-3/20 * DNIS:2738300 * CSID:3034477800 * DURATION (mm:ss):01:14

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PTO/SB/21 (09-04)

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FORM

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1 Attorney Docket Number 330592

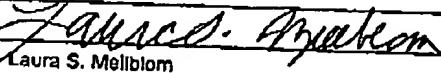
Application Number	09/313,278; Confirmation No. 3688
Filing Date	5/18/1999
First Named Inventor	Goldenberg
Art Unit	1632
Examiner Name	

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<p>Remarks The Director is hereby authorized to charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17; credit any overpayments to the Deposit Account No. 06-0029.</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm	FAGRE & BENSON LLP
Signature	
Printed Name	Richard A. Nakashima
Date	5-10-06
	Reg. No. 42,023

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ADDRESS

Application Number	09/313,278
Filing Date	5/18/1999
First Named Inventor	Goldenberg
Art Unit	
Examiner Name	
Attorney Docket Number	330592

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners at Customer Number :

35657

 Please change the correspondence address for the above-identified application to: The address associated with
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OR

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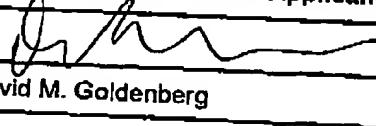
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	David M. Goldenberg		
Date	March 1, 2006	Telephone	(973) 605-8200

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*. *Total of 1 forms are submitted.

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